

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10974

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chester</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>461 W German St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> <u>Edward</u>		b. (Middle) <u>DUCHINSKY</u> <u>Duchinsky</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 18 - 1899</u>
9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electromotor Mfg Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Chester Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Duchinsky</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cabulski</u>	
14. NAME OF HUSBAND OR WIFE <u>May</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May Duchinsky</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <u>3-22-1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ADDRESS <u>156.1</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>156.1</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-13</u> , 19 <u>51</u> , to <u>4-1-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>51</u> , and that death occurred at <u>3P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Stewart M.D.</u>		23b. ADDRESS <u>4660 Maryland</u>	
23c. DATE SIGNED <u>4-3-51</u>		23d. LOCATION (City, town, or county) (State) <u>Ill</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove to</u>		24b. DATE <u>4-4-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ill</u>	
DATE REC'D BY LOCAL REG. <u>4/4/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>	
5th		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	
ADDRESS _____		ADDRESS _____	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ronald O Yahnske

Licensed Embalmer No. 3917

P. O. Address St Louis 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.